

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |  |                   |   |                                       |   |
|---|--|-------------------|---|---------------------------------------|---|
| <b>NAME OF FILER</b><br>Brian Dahle for Senate 2019 |  |                   | <b>Date of This Filing</b> <u>02/14/2019</u><br><br><b>Report No.</b> <u>741</u><br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small><br><br><b>No. of Pages</b> <u>3</u> | Date Stamp<br><br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(209)656-1542             | I.D. NUMBER (if applicable)<br>1415244 |                   |   |                                       |   |
| STREET ADDRESS                                      |  |                   |   |                                       |   |
| CITY<br>Bieber                                      | STATE<br>CA                            | ZIP CODE<br>96009 |   |                                       |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 02/13/2019    | Michael McKoen<br>Merrill, OR 97633-0640   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Farmer<br>Self Employed- Michael McKoen   | \$1,000.00      |
| 02/13/2019    | Shasta Forests Timberlands LLC<br>Redding, CA 96001-0927   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$3,700.00      |
| 02/13/2019    | Shasta Forests Timberlands LLC<br>Redding, CA 96001-0927   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$300.00        |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>NAME OF FILER</b><br>Brian Dahle for Senate 2019 |   |  | <b>Date of This Filing</b> 02/14/2019 | Date Stamp  | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(209)656-1542      | <b>I.D. NUMBER</b> (if applicable)<br>1415244 | <b>Report No.</b> 741  |                                       | Page 2 of 3 |  |
| <b>STREET ADDRESS</b>                               |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                       |             |  |
| <b>CITY</b><br>Bieber                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>96009   | <b>No. of Pages</b> 3                 |             |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 02/13/2019    | Tri-Cal Inc.<br>Corona, CA 92882-1948  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$800.00        |
| 02/13/2019    | Tri-Cal Inc.<br>Corona, CA 92882-1948  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$200.00        |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

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Reason for Amendment:

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| <b>NAME OF FILER</b><br>Brian Dahle for Senate 2019 |   |                          | <b>Date of This Filing</b> 02/14/2019  | Date Stamp<br><br><br><br><br><br>Page 3 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(209)656-1542      | <b>I.D. NUMBER</b> (if applicable)<br>1415244 |                          | <b>Report No.</b> 741  |   |   |
| <b>STREET ADDRESS</b>                               |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>Bieber                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>96009 | <b>No. of Pages</b> 3  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: